

THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

In the Guardianship of: _____) Case No. _____
_____))
_____)) **GUARDIAN'S REPORT**
_____)) **AND ACCOUNTING**
_____)) **(ANR)**

If you need more room to answer any item, please attach an additional page.

1. Date of Appointment and Reporting Period: The Guardian was appointed on ____/____/____. This Report covers the period from ____/____/____ through ____/____/____. The closing date for all reports is (*anniversary date of appointment*) ____/____/____ and the Guardian is required to file reports within 90 days of that date. The Guardian is to file a report every []12 months, []24 months, or []36 months.

2. Scope of Guardianship: [Check all boxes that are appropriate.]

☐ Full Guardianship of the Person ☐ Full Guardianship of the Estate
☐ Limited Guardianship of the Person ☐ Limited Guardianship of the Estate
☐ The Incapacitated Person is a beneficiary of a Trust, which was approved by the court or is subject to court supervision. The Trustee's name, address, and court case no. are: _____.

3. Contact Information for Incapacitated Person, Guardian & Standby Guardian:

	<u>Incapacitated Person</u>	<u>Guardian</u>	<u>Standby Guardian</u>
Full Name:	_____	_____	_____
Address:	_____	_____	_____
City, State & Zip	_____	_____	_____
Telephone Number:	_____	_____	_____
Fax Number:	_____	_____	_____
E-mail Address:	_____	_____	_____

4. Interested Parties: [List each person who has filed a Request for Special Notice of Proceedings and those whom the court has designated to receive copies of reports.]

<u>Name</u>	<u>Mailing Address</u>	<u>Relation to Incapacitated Person</u>
_____	_____	_____
_____	_____	_____

5. Interested Governmental Agencies: *[Check each box that is applicable.]*

☐ The Incapacitated Person is a veteran who has served in the United States military. Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174.

6. Benefits Received. The Guardian receives the following benefits on behalf of the Incapacitated Person: ☐ SSDI/SSA; ☐ SSI; ☐ Medicaid; ☐ Medicare; ☐ Copes; ☐ TANF; ☐ HUD; ☐ Food Stamps; ☐ GAU; ☐ Public Assistance; ☐ VA; ☐ CSA; ☐ Other (Specify: _____).

7. Inventory. An inventory of all property of the incapacitated person's estate at the commencement of the guardianship ☐ is, or ☐ is not on file herein. An updated inventory is contained in this Report.

8. Personal Care Plan *[To be filled out by all Guardians of the Person.]*

a. Status. The Incapacitated Person was born on _____, and is now _____ years of age. ☐ The Guardian believes that the incapacitated person is receiving satisfactory care/ or ☐ the Guardian has the following concerns for which a change is requested:

b. Change in Residence. The following changes in residence of the Incapacitated Person occurred during the reporting period: _____.

c. Medical Condition. The medical condition of the Incapacitated Person is *(list all disabilities and changes that occurred during the report period)*: _____

d. Mental Condition. The mental condition of the Incapacitated Person *(list diagnosis, if any, and changes that occurred during the report period)*: _____

e. Changes in Incapacitated Person's Functional Ability. A description of changes, if any, in the functional abilities during this reporting period: _____

f. Activities of the Guardian Taken on Behalf of the Incapacitated Person. A description of the activities in which the Guardian has engaged for the benefit of the Incapacitated Person: _____

g. Description of Recommended Changes in Scope of Authority of Guardian. The scope of authority of the Guardian ☐ remains the same, or ☐ should be changed as follows: _____

h. Names of Professionals Who Have Aided the Incapacitated Person. The following professionals have assisted the Incapacitated Person during the period covered by this report: _____

i. Guardian's Plan for Future Care. The Guardian's care plan, ☐ remains the same, or ☐ is changed as follows: _____

“Accounting Summary Form #1 – General Purpose”

[Special Accounting Instructions: The Guardian of the Estate may use “Accounting Summary Form #1” on these pages *or* the Guardian may complete an alternative Summary Form (check the appropriate box): ☐ If the Incapacitated Person lives in a supported residential facility, and all of the income is managed by that facility, then skip to item 17 below; or ☐ if the value of the Incapacitated Person’s estate is less than \$80,000 then one may use “Accounting Summary # 2 – Short Form.” However, ☐ all Professional Guardians of the Estate and Trustees must complete “Accounting Summary # 3 – Large Estates & Trusts.” The Guardian or Trustee only needs to complete the lines that pertain to the subject Estate.]

9. Estate Information [To be completed by Guardians of the Estate. You may skip any item that is not applicable.]

<u>Item #</u> <u>Description</u>	<u>Value at Beginning of Accounting:</u> Date: _____	<u>Value at End of Accounting:</u> Date: _____	<u>Difference</u>
<i>Real Estate</i>			
_____	_____	_____	_____
<i>Bank Accounts and Investments</i> (Cash, Checking, Savings, CD’s, Money Market, Stocks, IRA’s)			
_____	_____	_____	_____
_____	_____	_____	_____
<i>Money Owed <u>TO</u> the Incapacitated Person</i> (Mortgages, Contracts, Promissory Notes Payable to the Incapacitated Person)			
_____	_____	_____	_____
<i>Furniture, Vehicles, Boats and Other Personal Property</i>			
_____	_____	_____	_____
10. Total Value of Assets: _____			
<i>Liabilities</i> (List all debts or obligations of the Incapacitated Person and the Estate)			
_____	_____	_____	_____
11. Total of Liabilities: _____			
12. Net Totals (Item 10-11): _____			

13. Income Received From All Sources During the Reporting Period

	Current Monthly Benefit	Total Received
a. Wages	\$ _____	\$ _____
b. Social Security	\$ _____	\$ _____
c. Retirement Benefits	\$ _____	\$ _____
d. Disability	\$ _____	\$ _____
e. Health Insurance Benefits	\$ _____	\$ _____
f. Other Monthly Income	\$ _____	\$ _____
g. Gain on Sale of Asset (Asset: _____)		\$ _____
h. Interest on Certificate(s) of Deposit		\$ _____
i. Income on Mutual Funds		\$ _____
j. Savings Account Interest		\$ _____
k. Money Market/Checking Account Income	\$ _____	\$ _____
l. From Trust or Spousal Maintenance		\$ _____
m. Adjustment for Increase in Value of: _____		\$ _____

n. Adjustment for Increase in Value of: _____ \$ _____
o. Other: _____ \$ _____

14. Total Income: _____ \$ _____

DISBURSEMENTS AND OUTGOING PAYMENTS

Personal Living Expenses

a. Housing (Rent/Mortgage) at: _____ \$ _____
b. Heat/Lighting/Water/Sewer/Cable/Telephone _____ \$ _____
c. Household Maintenance _____ \$ _____
d. Food and Household Supplies _____ \$ _____
e. Clothing _____ \$ _____
f. Personal Care and Services (Other Than Medical Attendants) _____ \$ _____
g. Insurance for _____ \$ _____
h. Allowance or Money Given Directly to Assisted Person _____ \$ _____
i. Auto and Transportation _____ \$ _____
j. Travel _____ \$ _____
k. Other: _____ \$ _____

Healthcare Expenses

a. Health Insurance Premium _____ \$ _____
b. Doctors' Fees _____ \$ _____
c. Hospitals and Health Care Providers _____ \$ _____
d. Prescription and Pharmacy _____ \$ _____
e. Medical Transportation _____ \$ _____
f. Visiting Nurse/Companion Services _____ \$ _____
g. Other: _____ \$ _____

Professional Fees

a. Guardian's Fee _____ \$ _____
b. Attorney's Fee for Guardian _____ \$ _____
c. Attorney's Fee for Petitioner _____ \$ _____
d. Guardian ad Litem's Fee and Costs _____ \$ _____
e. Trustee's Fee _____ \$ _____
f. Bond Premium _____ \$ _____
g. In-Home Services _____ \$ _____
h. Accounting Fees _____ \$ _____
i. Other: _____ \$ _____

Other Expenses

a. Subscriptions _____ \$ _____
b. Bank Charges _____ \$ _____
c. Federal Income Tax _____ \$ _____
d. Gifts _____ \$ _____
e. Adjustments for Decrease in Value of _____ \$ _____
f. Adjustments for Decrease in Value of _____ \$ _____
g. Other: _____ \$ _____

15. Total Disbursements Outgoing From Incapacitated Person's Estate: \$ _____

16. Net Total of Income and Disbursements (Item 14 minus Item 15): \$ _____

17. Security for Estate Assets:

- a. Guardian/Trustee's Bond: The court now requires a bond in the amount of \$ _____
- b. Total Estate balance **in blocked accounts** at end of review period: \$ _____
- c. Total Estate balance **unblocked** at end of review period: \$ _____
- d. The bond should ☐ remain the same; or ☐ be changed to: \$ _____

18. Fees: *[If Guardian and/or Attorney fees are requested, attach or submit a separate, itemized fee declaration which describes the specific services rendered, the time required, the rate of compensation, and the out-of-pocket costs incurred]:*

Guardian \$ _____ Attorney \$ _____ Accountant \$ _____

19. Supporting Documents: Documents offered to support the declarations made in this report or to explain any statements made are attached. *[Examples may include income tax returns, nursing home or health care reports, the last bank statement for each account for the reporting period, or general ledgers. Unless specifically requested, do **not** attach or include copies of check registers, monthly bank statements, or canceled checks or receipts.]*

20. Requests of Court/Certification: The Guardian petitions the Court for approval of this Report and Accounting. The above and attached statements are declared to be true and correct, under penalty of perjury, according to the laws of the State of Washington.

SIGNED AT (city): _____, Washington, on (date): _____, 20____.

Guardian's Signature

Printed Name of Guardian

Certified Professional Guardian Number